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7055 7590 10/26/2006
GREENBLUM & BERNSTEIN, P.L.C.
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RESTON, VA 20191



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/659,323	09/11/2003	Hirohisa Ueda	P23928	3766

TITLE OF INVENTION: MAGNETIC ANCHOR REMOTE GUIDANCE SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	01/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
KASZTEJNA, MATTHEW JOHN	3739	600-104000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>GREENBLUM & BERNSTEIN,</u> 2 <u>P.L.C.</u> 3 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignmen12/15/2006 MAHMED2 00000051 18659323

(A) NAME OF ASSIGNEE
PENTAX Corporation
National Cancer Center
Tanakawa Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)
Tokyo, JAPAN 01 FC:1501 1400.00 UP
Tokyo, JAPAN 02 FC:1504 388.00 UP
Miyagi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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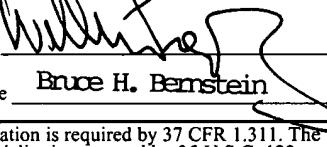
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **19-0089** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

William Pieprz
Reg. No. 33630

Date **12-13-06**

Typed or printed name **Bruce H. Bernstein**

Registration No. **29,027**

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